

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2019



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000005211

1. Corporation Name

Suzano Pulp and Paper America, Inc

2. Principal Office Address - No P.O. Box #

800 Corporate Drive

3. Mailing Office Address

800 Corporate Drive

Suite, Apt. #, etc

Suite 320

Suite, Apt. #, etc

Suite 320

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33334

Country

U.S.

Zip

33334

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Barnes, Small & McGee, CPAs, PLLC

Street Address (P.O. Box Number is Not Acceptable)

2500 North Military Trail

Suite, Apt. #, Etc.

Suite 220

City

Boca Raton

State

FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Judd M. de la for Barnes, Small & McGee CPAs, PLLC
REGISTERED AGENT MUST SIGN

Date 6/25/19

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Fabio A. De Oliveira	Av. Brig Faria Lima, 1355	Sao Paulo, Brazil 01452-919
Officer	Paola Falleiros	800 Corporate Drive, Suite 320	Fort Lauderdale, Florida 33334

10. E-mail Address: judd@bsm-cpa.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Paola Falleiros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/26/2019

Daytime Phone #

FILED

2019 JUL 09 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FL

100331798121
07/09/19--01022--001 **758.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

August 8, 2006

5. FEI Number

52-1801618

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status